	△ REPORT OF LOBBYS	SI EMPLOYE	K	
	(Government Code Se	ection 86116)		1/6
	or			1
(2 Cal. Code of Regs. Section 18616.4) FORM 635 1993 IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.				
R	FOR OFFICIAL USE ONLY			
CUMULATIVE PERIOD BEGINNING 01/01/2009				A AMENDMENT 002
	TYPE OR PRINT	IN INK		A AMENDMENT 002
	e provided to you pursuant to the Information Pracure Provisions of the Political Reform Act.		e I <u>nformation</u>	В
NAME OF FILER:				
	SOCIATION/CALIFORNIA			
BUSINESS ADDRESS: (Number	er and Street) (City)	(State)	(Zip Code)	TELEPHONE NUMBER:
	Sacramer		95814	
(See instructions on reverse	OR STATE AGENCY ADMINISTRATIVE AC	TIONS ACTIVELY	LOBBIED DURIN	G THE PERIOD
X If more space is needed,	SUMMARY OF PAY	MENTS THIS P	ERIOD	
A. Total Pavments to In-	House Employee Lobbyists (Part III, Section A, Co	lumn 1)	\$	0.00
•	bbying Firms (Part III, Section B, Column 4)	,		
•	es (Part III, Section C)			
D. Total Other Payments	s to Influence (Part III, Section D)		\$	
GRAND TOT	AL (A + B + C + D above)		\$	7644.99
E. Total Payments in Co	nnection with PUC Activities (Part III, Section E)		\$	0.00
F. Campaign Contribution	ns: Part IV completed and attached	X No cam	paign contributions m	ade this period
	VEDIEV	NATION		
tion contained he	VERIFIC asonable diligence in preparing this Report. I rein and in the attached schedules is true and o nalty of perjury under the laws of the State of C	have reviewed the F complete.	•	
Executed on (Date) 09/02/2009	At (City and State) Sacrmaento CA		By (Signature of Em Tricia Hunter	ployer or Responsible Officer)
Name of Employer or Responsib Tricia Hunter	le Officer (Type or Print)		Title Executive Direc	tor

2/6 PERIOD COVERED: 01/01/2009 03/31/2009 NAME OF FILER: <u>AMERICAN NURSES ASSOCIATION/CALIFORNIA</u>

PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT (See instructions on reverse.)							
Name and Title		Name and	Name and Title				
If more space is needed, check box and attach continuat	ion sheets.						
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s				
A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)			(1) Amount This Period		(2) Cumulative Total To Date		
			\$ 0.00		\$	0.00	
B. PAYMENTS TO LOBBYING FIRMS (Incl	uding Individual C	Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	1	(4) Total Fhis Period	(5) Cumulative Total to Date	
Government Relations Group	7500.00	144.99	none 0.00		7644.99	7644.99	
Sacramento CA 95814							
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD (er the total of Columny of Payments sect	nn 4 on Line B of the	\$	7644.9	99	

PERIOD COVERED: 01/01/2009 03/31/2009

NAME OF FILER: AMERICAN NURSES ASSOCIATION/CALIFORNIA

C. ACTIVITY EXPENSES (See instructions on reverse.)							
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amour of Activi	nt	
			\$		\$		
If more space is needed, check box and attach continuation sheets. TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.						0.00	
D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead. 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.) \$ 0.00							
2. OTHER PAYMENTS TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.					\$ (0.00	
E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)					\$ 0	0.00	

PERIOD COV	ERED: <u>01/01/2009</u>	03/31/2009			
NAME OF FIL	ER: AMERICAN NURSES ASSOCIATION	N/CALIFORNIA			
PART IV CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of <u>state</u> candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)					
in a iden	e contributions made by you during th campaign disclosure statement which tification number, if any, below.	n is on file with the Secretary of State			
Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: Recipient Committee:					
	tributions of \$100 or more which have e by an organization's sponsored cor		disclosure statement, inc	luding contributions	
Date	Name of R	ecipient	I.D. Number if Committee	Amount	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
If more space is needed, check box and attach continuation sheets.					

TEXT ANNOTATION

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Reference No:

Board of Registered Nursing Department of Consumer Affairs Governors Office AB 56 AB 91 AB 221 AB 367 AB 543 AB 657 AB 832 AB - 867 AB 877 AB 977 AB 1295 AB 1310 AB 1430 AB 1455 SB 155 SB 158 SB 182 SB 294 SB 360 SB 674

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Reference No:

AB 1 AB 8 AB 10 AB 12 AB 13 AB 30 AB 53 AB 74 AB 75 AB 92 AB 106 AB 110 AB 139 AB 237 AB 342 AB 371 AB 516 AB 741 AB 760 - AB 834 AB 961 AB 1429 AB 1559 AB 1605 AB 1643 SB 51 SB 139 SB 171 SB 676 SB 743 SB 775 SB 809 SB 840 Governors Office

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Reference No:

ab 1869 ab 1916 ab 2106 ab 2115 ab 2207 ab 2244 ab 2279 ab 2398 ab 2427 ab 2475 ab 2497 ab 2543 ab 2715 ab 2737 ab 2747 ab 27 - 87 ab 2839 ab 2899 ab 2905 ab 2966 ab 2968 acr 99 sb 1058 sb 1170 sb 1288 sb 1393 sb 1454 sb 1487 sb 1521 sb 1585 sb 1620 sb 16 - 21 sb 1637 sb 1712 sb 1734

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Schedule F635 Reference No:

AB 1a AB 2a AB 371 AB 1605 AB 1894 AB 2106 AB 2207 AB 2244 AB 2279 AB 2398 AB 2427 AB 2543 AB 2565 AB 2636 AB 2839 AB - 2637 AB 2244 AB 1058 AB 2015 AB 2887 AB 2580 AB 2747 AB 2115 AB 2328 AB 2902 AB 2649 AB 2474 AB 1947 AB 1925 AB 1436 SB 963 SB 158 SB 1620 SB 1170 SB 1280 SB 1487 SB 1734 AB 1639 SB 1621 SB 1393 SB 1288 SB 775 SB 840 SB 158 AB 2-968 AB 2649

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AB 2839 AB 2637 AB 2244 AB 1058 AB 2015 AB 2887 AB 2580 AB 2747 AB 2115 AB 2328 AB 2902 AB 2649 AB 2474 AB 1947 AB 1925 AB 1436 SB 963 SB 158 SB 1620 SB 1170 SB 1280 SB 1487

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Reference No:

Reference No: